

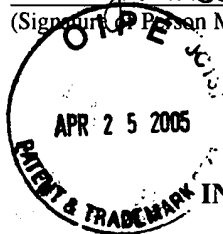
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on April 21, 2005

Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara
(Signature of Person Mailing Paper or Fee)



PATENT APPLICATION
Attorney Docket No. OR01-23701

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
) Examiner: Martin, Nicholas A.
Vipin Samar)
) Group Art Unit: 2816
Serial No. 10/054,574)
)
Filing Date: January 22, 2002)
)
Title: METHOD AND APPARATUS FOR FACIL-)
 TATING LOW-COST AND SCALABLE)
 DIGITAL IDENTIFICATION AUTHENT-)
 ICATION)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
~~Alexandria, VA 22313-1450~~

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed February 17, 2005.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.

☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$____ is enclosed.
☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR01-23701).

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FAX: (530) 759-1665

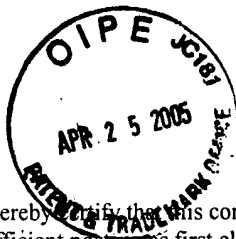
Respectfully submitted,

By



Edward J. Grundler
Registration No. 47,615

Date: April 21, 2005



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(Signature of Person Mailing Paper or Fee)

Application Number : 10/054,574
Applicant : Vipin Samar
Filed : January 22, 2002
TC/A.U. : 2154
Examiner : Martin, Nicholas A.

Confirmation Number: 7739

Docket Number : OR01-23701
Customer No. : 22,835

M/S: Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **February 17, 2005**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.